

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

10/549808

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52				/		
3		/					53				/		
4		/					54				/		
5		/					55				/		
6		/					56				/		
7		/					57				/		
8		/					58				/		
9		/					59				/		
10		/					60				/		
11		/					61				/		
12		/					62				/		
13		/					63				/		
14		/					64				/		
15		/					65				/		
16		/					66				/		
17		/					67				/		
18		/					68				/		
19		/					69				/		
20		/					70			/			
21		/					71			/			
22		/					72			/			
23		/					73			/			
24		/					74			/			
25		/					75			/			
26		/					76			/			
27	/						77						
28	/						78						
29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37		/					87						
38		/					88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	3		2				TOTAL IND.						
TOTAL DEP.	32		40				TOTAL DEP.						
TOTAL CLAIMS	35		42				TOTAL CLAIMS						